
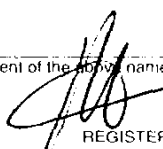
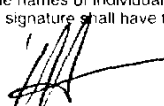


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-weight: bold;">99 JUL 12 PM 2:45</div> <div style="font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
DOCUMENT #593519					
1. Corporation Name <p style="text-align: center;">J.A.S.P., Inc.</p>					
Principal Place of Business 11111 Biscayne Blvd. Suite 1705 Miami, Fl. 33136			Mailing Address 11111 S. Biscayne Blvd. Suite 1705 Miami, Fl. 33136		
If above addresses are incorrect in any way, line through incorrect information and enter correction below					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable c/o Marsha G. Madorsky, Esq. 2665 S. Bayshore Drive Suite 603 Miami, Fl. Zip Country 33133 U.S.		4. Date Incorporated or Qualified To Do Business in Florida <p style="text-align: right;">11/8/78</p>	
		5. FEI Number <p style="text-align: center;">59-2004108</p>		Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		<div style="border: 1px solid black; padding: 2px; font-size: 0.8em;"> \$8.75 Additional Fee required for a Certificate of Status </div>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
Off	Isaac Mizrahi	11111 Biscayne Blvd, #1705	Miami, Fl. 33136		
Off	Mary Cottler	11111 Biscayne Blvd, #1705	Miami, Fl. 33136		
<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">REINSTATEMENT</div> <div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">98-99</div> <div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">TS</div>					
8. Name and Address of Current Registered Agent B & C Corporate Services 201 S. Biscayne Blvd. Suite 3005 Miami, Fl. 33131			9. Name and Address of New Registered Agent Name Marsha G. Madorsky, Esq. Street Address (P.O. Box Number is Not Acceptable) 2665 S. Bayshore Drive. Suite, Apt. #, Etc. Suite # 603 City Miami State Zip Code FL 33133		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. <div style="display: flex; justify-content: space-between;"> <div> Signature of Registered Agent  </div> <div> REGISTERED AGENT MUST SIGN Date 5-18-99 </div> </div>					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> <div style="text-align: right; font-size: 0.8em;">(See other side for information on intangible tax.)</div>					
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. <div style="text-align: center; margin-top: 20px;">  ATTY for ESTATE OF ISAAC MIZRAHI </div>					
SIGNATURE:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
		Date 5-18-99 (305) 856-0879 <small>Cybernetic Phone #</small>			

CAPF081 (12/98)

POWER OF ATTORNEY

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KNOW ALL MEN BY THESE PRESENTS that ILENE BLUM and GAIL LASRIS, as the Co-Personal Representatives of the ESTATE OF ISAAC MIZRAHI, have made, constitute and appointed, and by these presents does make, constitute and appoint MARSHA G. MADORSKY, as their true and lawful attorney for them and in their name, place and stead to take any and all necessary actions as may be necessary or required in conjunction with any and all matters concerning the administration and finances by giving and granting unto MARSHA G. MADORSKY, said attorney, full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises in conjunction with the reinstatement of the following corporations:

- Eastman Rehab Center, Inc.
- Palmetto Extended Care Center, Inc.
- Arch Creek Nursing Home, Inc.
- Snapper Creek Nursing Home, Inc.
- Jackson Manor Nursing Home, Inc.
- J.A.S.P., Inc.;

to all intents and purposes, as they might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming that MARSHA G. MADORSKY as said attorney for them shall lawfully do or cause to be done by virtue hereof from this date forward until otherwise provided for.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 22 day of JUNE, 1999.

Sally Clodette
(Witness)

James J. Grune
(Witness)

Bert Conin
(Witness) BERT CONIN

Harold
(Witness) HARRY GARDNER.

ESTATE OF ISAAC MIZRAHI

By: Ilene Blum
ILENE BLUM, Co-Personal
Representative

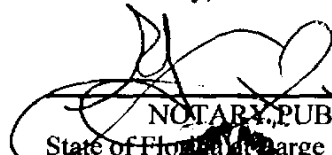
By: Gail Lasris
GAIL LASRIS, Co-Personal
Representative

STATE OF FLORIDA)
COUNTY OF BROWARD)

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I HEREBY CERTIFY that on this date, before me, an officer duly authorized in the State aforesaid, to take acknowledgements, personally appeared GAIL LASRIS to me known to be the person described in or who has produced De as identification, and who executed the foregoing Power of Attorney, and she acknowledged before me that she executed same.

My Commission Expires:


NOTARY PUBLIC
State of Florida at Large E. J. TAYLOR
COMMISSION # CC623876
EXPIRES FEB 23, 2001
Printed name of Notary Public
ATLANTIC BONDING CO., INC.


STATE OF COLORADO)
COUNTY OF BOULDER)

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I HEREBY CERTIFY that on this 22 day of June, 1999, before me, an officer duly authorized in the State aforesaid, to take acknowledgements, personally appeared ILENE BLUM to me known to be the person described in or who has produced Co. Dennis Blum as identification, and who executed the foregoing Power of Attorney, and she acknowledged before me that she executed same.

My Commission Expires:

May 1, 2002


NOTARY PUBLIC
State of Florida at Large
BONNIE A. WILENSKY
NOTARY PUBLIC
COLORADO

Printed name of Notary Public